

CERTIFICATION

(PLEASE PRINT)

Full Name	PIN Number
Date Of Birth	Case Number
As a condition of Reinstatement of my driving privileges under a Per Se/Express Consent Revocation action (§42-2-126, C.R.S.),	
I am: <input type="checkbox"/> 1. Enrolled in or have recently completed an alcohol and drug education or treatment program. <input type="checkbox"/> 2. My alcohol and/or drug situation is under control as of this date.	
Date	Signature

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